

<p style="text-align: center;">County of San Diego Health and Human Services Agency (HHSA) Children's Mental Health Services Policies and Procedures CMHS General Administration</p>					
Subject:	Implementing Family-Youth Partnerships in Roles Other than Direct Service Provider			No:	06-01-122
Reference:	06-01-116 Family Support Partners – Selection, Training and Supervision, 06-01-117 Family/Youth Parent Support Partners as Direct Service, 06-01-115 Youth Support Partners – Selection, Training and Supervision			Page:	1 of 3

PURPOSE:

To provide a structure and monitoring process for the development of family-youth partnership as a system of care value at the policy, practice, and service levels.

BACKGROUND:

Family/Youth-Professional partnership embodies a set of values, principles, and practices critical to achieving optimal outcomes for children, youth and their families served in the system of care. Development of commitment to these partnerships has come as a result of a community process, but implementation in a cohesive manner across numerous programs is challenging. In various settings family and youth have served on advisory groups, made presentations, acted as trainers, and provided direct, billable service to other families. In addition family partners have advised Children's Mental Health Administration and other agencies' leadership teams regarding policy and programmatic issues. These efforts have resulted in family sense of ownership of their child's treatment plans, improved responsiveness to family and youth and increased awareness of agency, family and youth cultures.

POLICY:

Participation of families in the assessment and treatment of their own children is a standard of practice in children's mental health and is a requirement for many funding sources. Family and youth voice in the design and monitoring of the system of care is also a necessary, integral component of Children's Mental Health and the broader system of care. Costs for employees who serve these functions may be included as Schedule I, Program Administration, Schedule II, Consultants, or as Schedule III, Indirect Costs. The following procedures indicate ways the family and youth voice may be integrated into normal system activities. No individual procedure is mandatory in a particular program or setting; instead the list constitutes implementation strategies to be employed when possible or appropriate.

Approved Date:	Approved: Signed by: Alfredo Aguirre
5-4-04	Director, Mental Health/Designee

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Mental Health Services
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MHS General Administration

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Partnerships in Roles Other than
Direct Service Provider**

No: **06-01-122**

Page: **2** of **3**

PROCEDURE (S)

Policy:

1. Include family and youth members with voting authority in advisory groups, e.g., System of Care Steering Committee, Children's Quality Review Council, and advisory boards of specific programs and agencies, whenever it is appropriate and practical to do so.
2. Include at least one consumer/family member in Source Selection Committees for Children's Mental Health contracts, as appropriate and when consumer/family participants are available. (County Only)
3. Update contract language annually, if needed, to reflect current policy and procedure regarding family/youth professional partnership. (County Only)
4. Identify a single entity that is not under contract to the County of San Diego as a provider of services, as a key point of contact for dissemination of information and source of partners for administrative tasks.
5. Family/Youth Partners may be nominated and referred as requested by various family advocacy organizations according to criteria developed by these organizations, but with the goal of a broad range of representation of families of different ethnic and economic backgrounds, receiving a range of levels of care for their children.
6. Family/youth partners who will participate in committees and work groups should receive an orientation including, but not limited to, the purpose of the group, identity and roles of all participants, and background on important issues before the group.

Program Development:

7. Include family/youth voice whenever possible on work groups dealing with policy and program development. In instances where the process involves sensitive or confidential information, family/youth partners maybe formally enrolled as volunteers to the agency and asked to sign an oath of confidentiality
8. Include at least one family/youth partner on interview panels for key staff members, to the extent that this participation will improve selection and family participation is available.
9. Involve family members and/or youth as trainers for a broad range of professional trainings regarding system of care, effective practices, wraparound, and other topics when it is appropriate to present the consumer experience and viewpoint.
10. Key administrators in public and private agencies should have a formal partnership relationship with a Family/Youth Administrative Partner when budgets permit and family partners are available.

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No: **06-01-122**

Page: **3** of **3**

Communication:

11. Staff of CMHS and contracted agencies should make themselves available to make presentations and respond to the concerns of family advocacy organizations, within the limits of staffing and budget.
12. Disseminate information to family/youth partner organizations and individuals via a variety of means, such as websites, e-mail, direct mail announcements, and community meetings.
13. Notify family member organizations in timely fashion of stakeholder meetings regarding budget, important policy changes, and other planning efforts.

Monitoring:

14. Implementation of family/youth partnership, both as direct service providers and partners for policy and program development, shall be monitored as follows:
 - a. For items that should be reflected in charting, such as agreement to client plans, progress notes written by Family Service Partners, participation of family members in collateral sessions and family teams, selection of goals and family strengths, monitoring shall be via Quality Improvement review of medical records, at least once per year per program.
 - b. For items not reflected in charting, such as inclusion of family partners in advisory boards, planning groups, and the like, monitoring shall be via a question on the Monthly Status Report.
15. CMHS documents should be reviewed at least annually, if needed, for compliance with the community's recommended language when referring to consumers, clients and caregivers as partners in the development of care of families and children.

ATTACHMENT(S):

None